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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Audit and Performance Systems Committee

Town House,
ABERDEEN, 22 April 2022

RISK, AUDIT AND PERFORMANCE COMMITTEE

The undernoted items are circulated in connection with the meeting of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** to be held on **TUESDAY, 26 APRIL 2022 at 10.00 AM.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

AUDIT

- 5.1 Approval of Unaudited Accounts - HSCP22.024 Appendix A – Unaudited Accounts (Pages 3 - 50)
- 6.0 Quarter 4 Monitoring Report - HSCP22.032 (Pages 51 - 70)
- 6.1 External Audit Plan 2022/23 -HSCP22.031 (Pages 71 - 100)

Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk

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Aberdeen City Integration Joint Board

Un-audited Annual Accounts 2021/22



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Management Commentary

The Role and Remit of the Integration Joint Board (IJB)

The Integration Joint Board (IJB) was formed as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. The Act provides a framework for the integration of adult community health and social care services. The strategic planning for, and/or delivery of, these services was previously the responsibility of NHS Grampian (NHSG) and Aberdeen City Council (ACC) respectively and was delegated to the IJB with effect from 1 April 2016. Some services such as adult social work, GP services, district nursing, and allied health professionals are fully delegated and the IJB has responsibility both for the strategic planning and governing oversight of these. Other services are Grampian-wide services which Aberdeen City IJB “host” on behalf of all three IJBs in the NHS Grampian area. There are also hospital-based services. Aberdeen City IJB has responsibility for the strategic planning of both hosted and hospital-based services.

Hosted Services

Intermediate care of the elderly and specialist rehabilitation

Sexual health

Acute mental health and learning disability

Hospital-Based Services

Accident and emergency services provided in a hospital

Inpatient hospital services relating to the following branches of medicine:

- (a) general medicine
- (b) geriatric medicine
- (c) rehabilitation medicine
- (d) respiratory medicine
- (e) palliative care
- (f) mental health
- (g) psychiatry of learning disability

The policy ambition is to improve the quality and consistency of services to patients, carers, service users and their families; to provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older. The IJB has governing oversight whilst Aberdeen City Health and Social Care Partnership (ACHSCP) has responsibility for the operational delivery of these services.

The IJB sets the direction of ACHSCP via the preparation and implementation of the Strategic Plan and seeks assurance on the management and delivery of the integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

The IJB's Operations for the Year

The 2021 Economic Policy Panel Report notes that the energy sector is critical to the success of Aberdeen with 40% of Scottish energy sector enterprises located in the north-east and about 60,000 jobs supported by the sector in the region.

The downturn in oil and gas, which started in 2014 had not fully recovered even by the start of the pandemic, and this has led to a decline in relative economic performance across the region. The number of employees in the region fell by more than 15,000 between 2015 and the start of the pandemic in early 2020.

Despite this, on a Gross Value Added (GVA) per head basis, the north-east remained some 31% and 19.3% above the Scottish and UK averages respectively in 2019, with earnings also higher than the national average (£32,747 in Aberdeen in 2021 compared with £31,672 in Scotland and £31,285 in the UK).

The estimated population of Aberdeen (2020) is 229,060. The table below shows the anticipated population increase in the next 10 and 20 years in total and by the 65 to 74 and over 75 age groups. The significant rises in the over 75 age group is of concern given their high use of health and social care services.

	2030	2040
Total Population	+0.8%	+1.6%
65 – 74 age group	+10.6%	+4.1%
+75 age group	+20.4%	+46.0%

There is a mixture of affluent and deprived areas in the city. 22 of Aberdeen City's 283 data zones are in the most deprived 20%. Collectively this means a population of 18,055 accounting for 7.9% of the City's total population.

The COVID-19 pandemic has created health debt and additional demand from Long Covid. Alongside this increase in demand there are rising costs and reduced funding available. Continued transformation activity is crucial to ensure the IJB can deliver services and positive outcomes for the people who use them.

During the financial year 2021/22 the IJB committed to the following five high level objectives:

- Prioritising staff health and wellbeing and ensuring a collaborative, compassionate and supportive approach to recovery.
- Reshaping our relationship with communities, focusing on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health

- Reshaping our commissioning approach, reviewing commissioned services across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.
- Whole system and connected remobilisation ensuring remobilisation is undertaken through a planned and measured approach to create stability and resilience across our health and care services enabling us to meet population needs and maximising the learning and changes we have implemented during the global pandemic response. Undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken. Continue to review our Primary Care delivery, modernising and improving outcomes where possible.
- Together with our partner, making wider communities more resilient, focusing on supporting those communities most impacted by COVID-19 ensuring they are better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy. Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people. Consider the impact of long Covid on our health and social care system

Psychological support has continued to be available to staff in addition to a range of welfare initiatives and wellbeing therapies such as the provision of teas, coffees and snacks in the workplace and offering massage and mindfulness sessions. Staff were reminded to take scheduled leave throughout the year despite continued pressure due to COVID-19 variants. Teams were also encouraged to hold regular check-in sessions and ongoing temperature checks were taken to gauge the success of the welfare initiatives.

In July 2021, following significant engagement with the Locality Empowerment Groups and work to refresh the Local Outcome Improvement Plan (LOIP), the IJB approved Locality Plans for each of the three localities. As a result of the joint community planning arrangements the plans cover priority areas across both the Localities and the Priority Neighbourhoods encompassing all aspects of community life, not just health and social care. Delivery of the plans will be monitored and reported through both the Community Planning Aberdeen (CPA) and the IJB governance arrangements.

In terms of commissioning, progress has been made against the key objectives of reviewing mental health and learning disability services. In addition, a procurement strategy has been developed for training and skills development services available for people with mental health and learning disabilities. The Procurement Workplan for 2022/23 was approved at the IJB meeting on 10th March 2022. The new approach to Care at Home has continued to be embedded successfully and has proven to be invaluable in maintaining patient flow from hospital to home. Capacity and occupancy in Care Homes is monitored on a regular basis as well as outbreak status and availability for admissions.

Services have been remobilised as per the NHS Grampian Remobilisation Plan and the contingency arrangements in place over the course of the response to the

pandemic. The redesign of 2C GP practices was mainly completed by March 2022. Community Treatment and Assessment Centres (CTAC) continues to be the ambition for service delivery in the community and arrangements will be progressed in 2022/23. The COVID-19 vaccination delivery in Grampian has been very successful. The Immunisation Blueprint was approved in August 2021 and work is ongoing to embed this. Expenditure on the Primary Care Improvement Plan has been reviewed and reported. A full refresh of the plan itself is scheduled for 2022/23.

The Care Home Support Team is in place and continues to support improvements in the quality and efficiency of services delivered. TURAS reporting continues and is invaluable in oversight of capacity within the residential sector. The Care Home Oversight Group continues to meet to support homes with Infection Prevention and Control maximising the availability of capacity throughout the pandemic. MDT Wraparound Care Teams continue to provide support to care homes depending on need.

The Medium-Term Financial Framework (MTFF) approved by the IJB on 10 March 2022 includes a forecast of the financial position for the next seven financial years and is reviewed annually. Contained in the MTFF were proposals to balance the 2022/23 budget which were fully aligned to the programme of transformation. The IJB continues to work to deliver on the ambitions of this MTFF and ensure financial balance.

The IJB's Position at 31 March 2022

The accounts for the year ended 31 March 2022 show a usable reserves position of £51,392,001 (£18,235,780 2021/22). The IJB agreed a reserves strategy and previously agreed to hold back as earmarked reserves £2.5 million as a risk fund.

The majority of public sector organisations are facing challenges balancing their budgets in a context of increasing demand and costs, while the funding available is reducing in real terms. The 2022/23 budget was agreed on 10 March 2022 and included £1.3 million of budget reductions.

The major risk in terms of funding to the Integration Joint Board (IJB) is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.

The IJB has made arrangements with adult social care providers to allow the Scottish Living Wage to be paid in 2021/22. This was possible due to additional funding being made available from the Scottish Government to implement this policy commitment.

Demand is expected to continue to rise given the increase in the number of over-65s forecast. At the same time the complexity of the care required is increasing due to improvements in medicine and the increased average life expectancy evidenced over the last few decades. This is evidenced in by our increasing social care spend on clients with learning disabilities. Also, there are greater expectations being placed on our services by clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times.

At the time of preparing the final accounts and producing the 2021/22 Medium Term Financial Framework the impact of the coronavirus on the finances of the IJB remains uncertain. It was anticipated that some of the financial consequences of the coronavirus would receive additional funding from the Scottish Government, however, where the additional costs would be incurred, and the level of any additional funding required further work. During the financial year a number of reports were taken to the IJB tracking the impact of Covid on the IJB Budget. At the end of the financial year both the direct and indirect costs of Covid were fully funded by the Scottish Government.

The IJB's Strategy and Delivery Plan

2021/22 was the final year of the current Strategic Plan. Progress will be reported in our Annual Performance Report to the IJB in August 2022. Work is currently ongoing on preparing our next Strategic Plan for the period 2022 to 2025 which will be presented to the IJB for approval on 7th June 2022. The time period for the next plan should take us to the point where the National Care Service (NCS) as proposed by the Independent Review of Adult Social Care, by Derek Feeley, is introduced. Whilst the details of the NCS are not yet known we anticipate there will be a degree

of work involved in the implementation of it. We are determined that this will not distract or divert us from our strategic focus.

For this reason, for the next iteration of our Strategic Plan we have developed a detailed 3-year Delivery Plan to help ensure we stay on track. We will be mindful of the role that Aberdeen City IJB can play in shaping the NCS and will ensure we are fully engaged at a national level, influencing and assisting with the reforms proposed, using every opportunity to bring the voice, view and opinion of our local system to those important conversations.

In Aberdeen, to date, we are confident that we have maximised the levers the integration agenda affords us. Our Integration Joint Board (IJB) has made bold and brave decisions resulting in integrated services, positive relationships, and improved outcomes for local communities. It is vital we continue this journey whilst sharing our successes to show what can be achieved when the integration principles are fully embraced.

The Delivery Plan contains the actions we will take over the next three years to deliver on our Strategic Aims and Priorities. These actions vary in size and complexity and will be delivered using our existing programme and project management approach as appropriate. Progress against these actions will be monitored via the Executive Programme Board, Risk Audit and Performance Committee and IJB as well as being reporting in each of our Annual Performance Reports over the next three years.

Key Risks and Uncertainties

The key strategic risks (High risks), as contained in the Strategic Risk Register, along with an assessment of level of risk facing the IJB, are as indicated below.

The Strategic Risk Register is monitored and updated frequently by the IJB Leadership Team, who in turn report to the IJB and Risk, Audit & Performance Committee and the IJB on a regular basis.

The IJB held a workshop October 2021 on the Strategic Risk Register and the Board's Risk Appetite Statement and made some amendments to these

documents to reflect the Board's risk appetite as at October 2021.

Work has been undertaken to edit the content of each risk, as requested by the IJB. The risk owners have undertaken this task as well as making revisions to the description of the strategic risks, following the "case/event/consequence" model which was described and used at the IJB Workshop.

The Strategic Plan 2022-2025 will be considered by the IJB at its meeting in June 2022. It is proposed that the Strategic Risk Register be reviewed in full following the approval of the Strategic Plan.

The IJB at its meeting on the 15 December 2021 approved the revised Strategic Risk Register and Risk Appetite Statement. The risks that are classed as **High or Very High** risk on the Strategic Risk Register are detailed below:

- 1. Cause:** The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust. **Event:** Limitations to the extent with which strategic commissioning of services progresses between ACHSCP and third and independent providers of health and social care. **Consequence:** There is a gap between what is required to meet the needs of local people, and services that are available; consequences to the individual include not having the right level of care delivered locally, by suitably trained staff; consequences to the sector include investments made in services that will not be fully utilised and thereby risks to sustainability; and consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting.

Mitigating Actions:

- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
 - Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
 - Agreed strategic commissioning approach for ACHSCP.
 - Strategic commissioning programme board (SCPb members) established to provide governance framework for commissioning activity.
- 2. Cause-**IJB financial failure and projection of overspend. **Event-**Demand outstrips available budget. **Consequence-**IJB can't deliver on its strategic plan priorities, statutory work, and projects.

Mitigating Actions:

- The Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.
- 3. Cause:** Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City. **Event:** hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. **Consequence:** Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Mitigating Actions:

- Development of Service Level Agreements for 9 of the hosted services considered through budget setting process.
- In depth review of the other 3 hosted services.

- Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed).
4. **Cause:** Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself. **Event:** There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards. **Consequence:** This may result in harm or risk of harm to people.

Mitigating Actions:

- Continual review of key performance indicators
 - Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.
 - On-going work developing a culture of performance management and evaluation throughout the partnership
 - Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development
 - Recruitment of additional resource to drive performance management process development
 - Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams
 - Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.
 - Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support.
5. **Cause:** Complexity of function, decision making, and delegation within the Integration Scheme. **Event:** IJB fails to manage this complexity. **Consequence:** reputational damage to the IJB and its partner organisations.

Mitigating Actions:

- Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement.
- Effective performance and risk management
- Clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage.
- Communications staff membership of Leadership Team facilitates smooth flow of information from all sections of the organisation
- Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbanced.
- Locality Empowerment Groups established in each of the three localities, ensuring effective two-way communication between the partnership, partner organisations and a wide range of community representatives in North, South and Central. Consultation and engagement exercises are also carried out with

service users, staff and partners throughout service change processes to gain detailed feedback and act upon it.

- Through the Locality Empowerment Groups help inform plans which will identify priorities to improve health and wellbeing for local communities, seeking the views and input of the public on these Groups.

6. **Cause:** Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
Event: Failure to deliver transformation and sustainable systems change.
Consequence: people not receiving the best health and social care outcomes

Mitigating Actions:

- Programme management approach being taken across whole of the Partnership
- Transformation team all trained in Managing Successful Programmes methodology
- Regular reporting of progress on programmes and projects to Executive Programme Board
- Increased frequency of governance processes Executive Programme Board now meeting fortnightly and creation of huddle delivery models.
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint, all of these are being revised in light of Covid and future priorities.
- Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.

7. **Cause-**Impact of Covid19 has accelerated and accentuated long-term workforce challenges. **Event:** Insufficient staff to provide patients/clients with services required. **Consequence:** Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

Mitigating Actions:

- Significantly increased emphasis on health/wellbeing of staff
- ACHSCP Workforce Plan
- Service redesign ongoing
- Engagement with schools to raise ACHSCP profile (eg Developing the Young Workforce, Career Ready)
- Work with training providers and employers to encourage careers in Health and Social Care (eg Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions)
- Greater use of commissioning model to encourage training of staff
- Increased emphasis on communication with staff
- Greater promotion of flexible working
- Testing implementation of hybrid working and its long-term expansion
- increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities.

- Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through daily Leadership Team meetings, identifying trends.
- Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines

8. Cause: IJB's becoming Category 1 Responders under the Civil Contingencies Act 2004. **Event:** Potential major impact to the citizens of Aberdeen if IJB does not manage its responsibilities under the Act

Consequence: Potential risk to life, loss of buildings, reputational damage.

Mitigating Actions:

- The Grampian Local Resilience Partnership (GLRP) identifies risks which are likely to manifest. The Partnership require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation.
- Aberdeen City Council are currently reviewing the risks in the City within its risk registers to ensure that the control actions listed are sufficient to mitigate risks. During this process, the additional risks may well be identified, based on risk assessment within operational areas, which may impact on the ability to respond. The result will be a risk register incorporating all risks relating to organisational resilience for the City. The City Resilience Group will be responsible for managing these risks through its membership and liaison with other services not represented on the Group.
- Senior Manager On Call governance documents and arrangements within the Aberdeen City Health and Social Care Partnership (stored on Teams and hard copy), and links into the equivalent structures in ACC and NHSG.
- The Partnership's Civil Contingencies Group has a requirement to monitor Business Continuity Plans across the Partnership, including an overarching Partnership Business Continuity Plan (BCP).
- The Partnership's Communications staff are available to issue media releases and to answer any media enquiries relating to ACHSCP services which would be or could be impacted in an emergency, in close consultation with ACHSCP Leadership Team members. IJB members, senior elected members of Aberdeen City Council, and appropriate senior management members at the city council and NHS Grampian would be kept informed in advance of information which was due to be released by ACHSCP into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.
- Data taken off Care First system to identify vulnerable people to help emergency response.
- Recruitment of volunteers to the position of "Managers on Call" who will support the Senior Managers on Call specifically in concurrent risks (eg patient flow and weather events)

Analysis of the Financial Statements

The accounts show usable reserves of £51,392,001 at 31 March 2022 (£18,235,780 at 31 March 2021).

The level of reserve has increased largely due to unspent funding provided by the Scottish Government to the IJB via NHS Grampian. In quarter 4, £17 million of additional funding was passed across to the IJBs to be earmarked for future COVID-19 costs, a further £4.8 million was passed across for initiatives which have not spent to the allocated level of funding due to recruitment challenges in the north east.

The majority of the services delegated to the IJB have been impacted in some way due to Covid. During the course of the year services have transitioned from being on an emergency footing to providing more services. Given the challenges the pandemic caused on service delivery, recruitment has been a major issue for services and accounts for a large part of the underspend, along with additional monies received from the Scottish Government which could not be spent this financial year. The underspend on mainstream services was £6.9 million.

A local mobilisation plan and process was developed by the Scottish Government to show the impact of Covid on the IJB budgets and also to support services during the lockdown. The local mobilisation plan was updated frequently through the financial year and additional funding allocations were made by the Scottish Government on the basis of these updates. For Aberdeen City IJB the final mobilisation plan was estimated to spend £12 million and this was received from the Scottish Government.

Budgets for large hospitals are managed by NHS Grampian. The IJB has a notional budget representing the consumption of these services by residents. The IJB is responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

- accident and emergency services at Aberdeen Royal Infirmary and Dr Gray's - inpatient & outpatient;
- inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

One of the key priorities of the IJB and reasons why the IJBs were established is to improve pathways and reduce the use of these services. It has not been possible to update the days used figures as the data which this information is based on has not been prepared due to staff being allocated to support other parts of the health system due to the impact of Covid. The financial costs have therefore been updated by applying 3% to 2019/20 costs shown below.

Set Aside	2017/18	2018/19	2019/20	2020/21	2021/22
Budget	£41,344,000	£46,416,000	£46,410,000	£47,802,300	£49,408,000
Days used	142,349	143,055	137,732	n/a	n/a

Luan Grugeon
 IJB Chair
 April 2022



Sandra Macleod
 Chief Officer
 April 2022



Alex Stephen
 Chief Finance Officer
 April 2022



**Independent auditor's report to the members of Aberdeen City
Integration Joint Board and the Accounts Commission**

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973); in this authority, that officer is the Chief Financial Officer;
- manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature.

Signed on behalf of the Aberdeen City Integration Joint Board

Luan Grugeon

JB Chair
April 2022

Responsibilities of the chief financial officer

The chief financial officer is responsible for the preparation of the JB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Code (in so far as it is compatible with legislation).

The chief financial officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Aberdeen City Integration Joint Board as at 31 March 2022 and the transactions for the year then ended.

Alex Stephen

Chief Finance Officer

April 2022

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice-Chair

The voting members of the IJB are appointed through nomination by Aberdeen City Council and NHS Grampian. The positions of IJB Chair and Vice-Chair alternate between a Councillor and a Health Board representative every two years.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice-Chair appointments and any taxable expenses paid by the IJB are shown below.

Taxable Expenses 2019/20 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2020/21 £
Nil	Cllr Sarah Duncan	Chair 01/01/19 to 23/03/21 Vice Chair 24/03/21 to 31/03/21	Aberdeen City Council	Nil
Nil	Luan Grugeon	Chair 24/03/21 to 31/03/22 Vice-Chair 27/03/19 to 23/03/21	NHS Grampian	Nil
Nil	Cllr Lesley Dunbar	Vice-Chair 01/04/21 to 31/03/22	Aberdeen City Council	Nil
Nil	Total			Nil

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice-Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB must be appointed and the employing partner must formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2020/21 £	Senior Employees	Salary, Fees & Allowances £	Taxable Expenses £	Total 2021/22 £
114,666	Sandra Macleod Chief Officer 3/09/18 to 31/03/22	121,507	-	121,507
88,165	Alex Stephen Chief Finance Officer 04/07/16 to 31/03/22	89,165	-	89,165
202,831	Total	210,672	-	210,672

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Officer Name	Responsibility	Pension as at 31/3/2022 £000	Pension Difference from 31/3/2021 £000	Lump Sum as at 31/3/2022 £000	Lump Sum Difference from 31/3/2021 £000	Pension Contribution 2021/22 £	Pension Contribution 2020/2021 £
Sandra Macleod	Chief Officer 3/09/18 to 31/03/22	6	3	-	-	25,213	23,860
Alex Stephen	Chief Finance Officer 01/07/2016 – 31/03/2022	32	8	40	7	15,961	17,016
						41,174	40,876

The IJB does not have its own pension scheme, however, details of the Northeast of Scotland Pension scheme can be found in Aberdeen City Council's accounts and details of the NHS pension scheme can be found NHS Grampian's accounts. Both documents are available on their respective websites. The pension figures for the chief officer and chief finance officer are indicative based on last years.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band -2020/21	Remuneration Band	Number of Employees in Band – 2021/22
1	£85,000 - £89,999	1
1	£110,000 - £114,999	0
0	£120,000 - £124,999	1

Exit Packages

No exit packages were paid to IJB staff during this period or the previous period.

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Sandra Macleod

Luan Grugeon

Chief Officer

Chair

April 2022

April 2022

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (“IJB”) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which include the system of internal control. This is designed to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The IJB has a reliance on the Aberdeen City Council and NHS Grampian systems of internal control, which support compliance with both organisations’ policies and promote achievement of each organisation’s aims and objectives, as well as those of the IJB.

The result of this is a situation where assurances are required on the effectiveness of the governance arrangements from the three partners. This means that a significant failure in the internal control environment of one of the three partners may require to be disclosed in the accounts of all three partners and not just the IJB and the partner where the issue occurred.

The Governance Framework

In this complex environment of circular assurances, it is important that the IJB has its own local code of corporate governance and regularly reviews performance against the governance principles included within this code. The IJB has developed an Assurance Framework in conjunction with the Good Governance Institute which provides readers with an understanding of the governance framework and the assurances that can be obtained from it.

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the CIPFA\SOLACE¹ Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is reviewed annually and reported to the same audit committee where the annual governance statement is approved. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

A review is also undertaken by the Chief Finance Officer evaluating the IJB’s governance environment against the governance principles detailed in the CIPFA document titled the [‘The role of the chief financial officer in local government’](#).

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

Whilst both these documents were specifically written for local government, the governance principles can be used by other public sector organisations. Also, the IJB is defined as a local government organisation per the Local Government (Scotland) Act 1973 and Aberdeen City Council has also adopted the governance principles from the delivering good governance document in its own local code of corporate governance.

Coronavirus Arrangements

In relation to the coronavirus pandemic the Partnership reduced its service delivery and prioritised services to allow it to deal with the implications of the coronavirus and support a reduction in the spread of the virus by undertaking social distancing and reducing contact with service users. Governance arrangements have also been established in the Partnership where the status of service delivery is assessed and this is reported to a daily meeting of the leadership team, staff side unions and Bon Accord Care. At this meeting it is agreed what needs to be escalated and what can be agreed using the delegated authority of either the Chief Officer or Chief Finance Officer. These meetings are documented and supported by our control centre which was established to aid the flow of information.

These arrangements have continued throughout the financial year, however, were particularly important during the early waves where decisions were required to be made quickly. The IJB has been operating throughout the pandemic, but with light agendas during the first wave and no sub committees. Since then, the IJB agendas have returned to normal levels and the two sub committees now meeting regularly, although it was decided to cancel an IJB and Risk, Audit & Performance Meeting in January to help provide staff with time to respond to the omicron variant.

Seven Governance Principles of local governance framework.

Against each of the seven governance principles adopted by the IJB there are key documents, activities, policies and arrangements which help address these. For the IJB some of these documents belong to NHS Grampian and Aberdeen City Council given their operational delivery role and the fact that the staff have remained employed by the partner bodies.

The seven governance principles identified in the local code of corporate governance and recommended in the CIPFA/SOLACE Framework are identified below, along with narratives evidencing compliance with the principles.

Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.

Integrity: The following values of the IJB are indicated in the Strategic Plan:

- caring
- person-centred
- enabling

These values form part of the decision-making process of the IJB and are evident in the actions and decisions made by the Board. The IJB has appointed a Standards Officer who is responsible, amongst other things, for the maintaining of Registers of Interests, Registers of Gifts and Hospitality and training on the Model Code of Conduct for Members of Devolved Public Bodies.

Ethical Values: The IJB has agreed in principle to adopt the Unison Ethical Care Charter and has provided funding to care providers to allow the Scottish Living Wage to be paid.

Rule of Law: A comprehensive consultation process has been developed with officers from Aberdeen City Council and NHS Grampian to ensure that decisions and reports comply with legislation. A member of the Council's Governance Team attends the IJB to ensure that decisions taken are in line with any legislative requirements. The IJB has appointed a Chief Finance Officer to ensure that the accounts and finances are in line with the statutory accounting environment. The IJB has standing orders and an integration scheme which provide information on where decisions can be made. Two sub committees have been created and each has its own terms of reference.

Improvement activities undertaken during the year: A whistleblowing policy was approved by the IJB 6 July 2021.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

Openness: Pre-COVID the IJB was a public board where members of the public and press could attend and agendas, reports and minutes were available publicly to review. Therefore, members of the public could assess whether they believe that decisions are being taken in the public interest. As a result of the COVID restrictions IJB meetings are currently held electronically and are recorded. The recordings are made available to the public shortly after the meeting. The Risk, Audit & Performance Committee is also a public meeting. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman's guidance.

Stakeholder Engagement: The non-voting membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This comprises six professional members and a minimum of four stakeholder representatives for each of the following groups - staff, third sector bodies, service users and carers. The IJB agreed a budget protocol on the 7 March 2017 which sought to formalise stakeholder engagement with the partner organisations around the budget process. Care providers are very much thought of as a key part of the partnership and invited to the majority of the events the IJB hosts. The IJB has established the Aberdeen City Joint Staff Forum, which includes representation from the trade unions and the staff partnership, as a forum for workforce issues affecting social care and health staff. An engagement and consultation protocol with the trade unions was agreed at the IJB on 21 January 2020.

Improvement activities undertaken during the year: A Public Engagement protocol was agreed by the IJB 24 August 2021 and our equalities outcomes reviewed and updated by the IJB 25 May 2021.

Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits.

Economic: The IJB has agreed a Medium-Term Financial Framework which is updated annually. The transformation programme and IJB report format specifically highlight the economic impact of the decisions being taken on current and future financial years. Work has been undertaken to establish the financial and operational benefits of the major transformation projects. The partnership has adopted the lean six sigma quality improvement methodology, has trained relevant staff and has undertaken and implemented several improvement projects using this methodology. The outcomes of some of these projects are directly informing, wider transformational activity across the partnership including the redesign of staffing teams aligned to localities and are part of our conditions for change programme. A strategic planning framework has been agreed and implemented for the large hospital services. A governance structure has been implemented to support this work including a cross system transformation board which include senior officers from the Council, NHSG and the IJBs.

Social: The IJB is expected to publish a revised Strategic Plan after its June meeting which identifies outcomes and the direction of travel over the next few years. The majority of outcomes are closely linked to how social care and health services will be delivered and improved over the life of the Strategic Plan.

Environmental: A public bodies climate change duties report is collated and submitted annually on behalf of the IJB.

Principle 4 - Determining the interventions necessary to optimise the achievement of intended outcomes.

Interventions: A transformation programme and leadership team objectives have been developed which will help support the delivery of the Strategic Plan. This programme is monitored on a regular basis and information on progress is received by the IJB and the Risk, Audit and Performance Committee for scrutiny and challenge. Decisions to procure services costing over £50,000 are taken by the IJB in so far as they relate to a Direction made to the NHS or Aberdeen City Council in respect of a delegated function and each report contains a section on risk. The Enabling Programme Board monitors any new projects ensuring that an option appraisal and project plans are developed in line with best practice. The benefits, both financial and non-financial, are highlighted and contained in the project plans.

Improvement activities undertaken during the year: The leadership team objectives fully aligned to the Strategic Plan seeks to mainstream existing projects, focusing on strategic performance indicators to measure impact and demonstrate meaningful change. A project management approach was undertaken in the delivery of the objectives. The draft plan requires greater focus on prevention, early intervention and addressing health inequalities which will have an impact on improving outcomes.

Principle 5 – Developing the entity’s capacity, including the capability of its leadership and the individuals within it.

Entity's Capacity: A workforce plan has been developed for the IJB covering health and social care services. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups. The career ready programme and modern apprenticeships have been established within services. Regular meetings have been held with the direct reports of the leadership team to promote the localities model and the leadership team objectives. A new leadership team structure has been implemented to allow Strategic Plan outcomes to be achieved.

Leadership: The IJB has set itself goals and has evaluated their performance against these goals. An organisational development plan has been developed and agreed which has a focus on leadership. A conference was held by the partnership during the year focussing on social care and health which was well attended.

Individuals: An induction programme has been established for the IJB which complements the induction programmes of NHS Grampian and Aberdeen City Council. Monthly newsletters are sent to all staff and an awards ceremony was held to celebrate achievements during the year. Staff surveys have been undertaken for Council staff and the 'iMatter' survey is undertaken annually. The outputs from these surveys are discussed by the IJB Leadership Team and any necessary improvement actions implemented.

Improvement activities undertaken during the year: During the year many of the development activities were cancelled or postponed although the team continued to learn and adapt in some very challenging situations. The IJB itself undertook a series of workshops with external support to help aid future decision making.

Future Developments: Establish a leadership programme which helps install the principles of cross system leadership throughout the Partnership.

Principle 6 - Managing risk and performance through robust internal control and strong public financial management.

Risk: Two risk registers have been developed. The first is an IJB Strategic Risk Register and this documents the risk that the IJB may face in delivery of the Strategic Plan. The second register covers operational risks and is a summary of the departmental operational risk registers. The Strategic Risk Register is updated frequently and reported to the Risk, Audit & Performance Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Risk, Audit & Performance Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

Internal Controls: The internal control environment is largely delivered by the partner organisations given their operational remit. However, internal controls are evidenced in the IJB integration scheme and financial regulations. A review of the IJB internal controls is undertaken annually by the Chief Internal Auditor and his opinion on the adequacy of the internal control environment is highlighted below.

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report.

Improvement activities undertaken during the year: The strategic risk register and risk appetite statement were reviewed by the IJB in a workshop and subsequently formally approved on 15 December 2021.

Principle 7 – Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Transparency: Recordings of the IJB meetings were made available to the public after the meeting was held due to COVID restrictions and the agendas, reports and minutes are available for the public to inspect. The Risk, Audit & Performance committee is also a public meeting. The IJB has developed a publication scheme as required under the Freedom of Information (Scotland) Act 2002.

Reporting: The annual accounts management commentary section will have a focus on both financial and service performance over the last financial year. A review has been undertaken of the role of the North East Partnership which has strengthened governance arrangements for hosted and large hospital services.

Audit: The 2019/20 accounts received an unqualified audit opinion. The Risk, Audit & Performance Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.

Improvement activities undertaken during the year: Work has been undertaken to review the clinical care governance arrangements in the partnership and the role of the Clinical Care Governance Committee in this process.

Future Developments: Continue to review and refine the clinical care governance framework and arrangements.

Review of Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the IJB Leadership Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor's annual report; and reports from the external auditor and other review agencies and inspectorates.

The Chief Internal Auditor has reviewed the IJB's internal control framework and in their opinion the IJB had an adequate and effective framework for Governance, Risk Management and Control, covering the period 1 April 2021 to 31 March 2022.

Whilst recommendations for improvement were identified in audits that have been completed, as reported to the Risk, Audit and Performance Committee, areas of good practice, improvement, and procedural compliance were also identified.

The governance framework was reviewed by the IJB Leadership Team against the governance principles identified in the CIPFA Role of the Chief Finance Officer Framework. The Risk, Audit and Performance Committee was updated on progress with the implementation of improvement actions identified on the 26 April 2022.

The local code of corporate governance was agreed by the Audit & Performance Systems Committee on 11 April 2017 and progress against the seven principles is detailed above. At Risk, Audit and Performance Committee on 26 April 2022 an update was provided on the sources of assurance contained in the local code of governance.

The work undertaken against the improvement actions highlighted in the 2021/22 annual governance statement is detailed in the improvement activities undertaken during the year sections detailed above. Although it should be noted that given the focus this year has been on responding to the pandemic some of these activities still require further work and are therefore being kept as areas for improvement in 2022/23.

A summarised list of the 2021/22 improvement actions is shown directly below:

	Area for Improvement and Outcome to Be Achieved	Improvement Action Agreed	Responsible Party	Completion Date
1.	Transformation Programme	Create Programme Management Structure	Transformation Lead	31 March 2022
2.	Clinical Care Governance	Review arrangements	Clinical Lead	31 March 2022
3.	Leadership Development	Implement new programme to support cross system leadership.	SOARS Lead	31 March 2022

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within Aberdeen City Council and NHS Grampian places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

Accordingly, the following notes support the reliance that is placed upon those systems:

i) Aberdeen City Council's governance framework

Aberdeen City Council's governance framework comprises the systems and processes, culture and values by which the Council is directed and controlled, and the activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its outcomes given the crucial role of governance, performance management and risk management in improving

stewardship and how we do business. Reviewing our governance activity enables us to consider whether those objectives have led to the delivery of appropriate, cost effective services to the citizens of Aberdeen.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, or comply with controls, and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to: -

- identify and prioritise the risks to the achievement of the Council's outcomes;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage those risks efficiently, effectively and economically.

The Audit, Risk & Scrutiny Committee has a key role in this, and an annual report of its activities and effectiveness will be considered by the committee and referred to Council for its consideration. This demonstrates improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk & Scrutiny Committee. The Council has an approved Local Code of Corporate Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Principle B: Ensuring openness and comprehensive stakeholder engagement

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes

Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

Principle F: Managing risk and performance through robust internal control and strong public financial management

Principle G: Implementing good practices in transparency, reporting and audit, to deliver effective accountability

In summary the Council has undertaken a self-evaluation of its Local Code of Corporate Governance as of 31 March 2022. This demonstrates that reasonable assurance can be placed upon the adequacy and effectiveness of Aberdeen City Council and its systems of governance.

ii) NHS Grampian governance framework (pending approval)

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- The Board receives regular reports on Healthcare Associated Infection from the Clinical Governance Committee and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
- Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
- A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;

- Consideration by the Board of regular reports from the chairs of the performance governance, engagement and participation, staff governance, clinical governance, audit committee and from the Chair of the Endowment Trustees concerning any significant matters on governance, risk and internal controls;
- Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters. In addition, senior leadership arrangements were strengthened during the year to provide additional capacity and support to the Chief Executive;
- Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
- Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
- Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
- An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
- Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
- Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance including consultation with all stakeholders on service change proposals to inform decision making;
- Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery;
- A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
- Separate governance arrangements for the NHS Grampian Endowment Funds including a Chair of the Trustees elected from within the body of the Trustees,

an annual general meeting of all Trustees to agree all policy matters and an Endowment Sub Committee of Trustees with delegated authority to manage the day to day operational matters of the charity.

Based on the evidence considered during the review of the effectiveness of the internal control environment NHS Grampian has confirmed that there are no known outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance on governance, risk management and control.

Certification: Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

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Sandra Macleod
Chief Officer
April 2022

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Luan Grugeon
Chair
April 2022

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2020/21			2021/22			
Gross Expenditure	Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£	£	£		£	£	£
36,773,002	0	36,773,002	Community Health Services	36,816,513	0	36,816,513
22,694,740	0	22,694,740	Aberdeen City share of Hosted Services (health)	26,329,493	0	26,329,493
34,344,973	0	34,344,973	Learning Disabilities	34,689,647	0	34,689,647
21,098,094	0	21,098,094	Mental Health & Addictions	22,857,455	0	22,857,455
79,024,830	0	79,024,830	Older People & Physical and Sensory Disabilities	84,433,335	0	84,433,335
326,346	0	326,346	Head office/Admin	706,721	0	706,721
17,239,540	0	17,239,540	Covid	11,977,726	0	11,977,726
5,046,774	(4,955,087)	91,687	Criminal Justice	4,931,999	(4,840,312)	91,687
746,121	0	746,121	Housing	1,862,505	0	1,862,505
40,447,093	0	40,447,093	Primary Care Prescribing	40,165,525	0	40,165,525
42,512,697	0	42,512,697	Primary Care	43,058,027	0	43,058,027
2,750,857	0	2,750,857	Out of Area Treatments	2,494,721	0	2,494,721
47,802,300	0	47,802,300	Set Aside Services	49,408,000	0	49,408,000
4,437,062	0	4,437,062	Transformation	7,048,615	0	7,048,615
355,244,429	(4,739,454)	350,289,342	Cost of Services	366,780,281	(4,840,312)	361,939,969
0	(365,923,226)	(365,923,226)	Taxation and Non-Specific Grant Income (Note 5)	0	(395,096,189)	(395,196,089)
355,244,429	(370,878,313)	(15,663,884)	Surplus or Deficit on Provision of Services	366,780,281	(399,936,501)	(33,156,221)
		(15,663,884)	Total Comprehensive Income and Expenditure			(33,156,221)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2021/22	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2021	(18,235,780)	(18,235,780)
Total Comprehensive Income and Expenditure	(33,156,221)	(33,156,221)
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2021/22	(33,156,221)	(33,156,221)
Closing Balance at 31 March 2022	(51,392,001)	(51,392,001)
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Movements in Reserves During 2020/21	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2020	(2,601,896)	(2,601,896)
Total Comprehensive Income and Expenditure	(15,633,884)	(15,633,884)
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2020/21	(15,633,884)	(15,633,884)
Closing Balance at 31 March 2021	(18,235,780)	(18,235,780)
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Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 Mar 2021		Notes	31 Mar 2022
£			£
18,235,780	Short term Debtors	(6)	51,392,001
<u>18,235,780</u>	Current Assets		<u>51,392,001</u>
-	Short term Creditors	(7)	-
<u>-</u>	Current Liabilities		<u>-</u>
<u>18,235,780</u>	Net Assets		<u>51,392,001</u>
(18,235,780)	Usable Reserve: General Fund	(8)	(51,392,001)
-	Unusable Reserve:		-
<u>(18,235,780)</u>	Total Reserves		<u>(51,392,001)</u>

The audited accounts were issued in April 2022

Alex Stephen

Chief Finance Officer

April 2022

Usable reserves may be used to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. Unusable Reserves includes reserves relating to statutory adjustments as shown in the Movement in Reserves Statement.

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2021/22 financial year and its position at the year-end of 31 March 2022.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Aberdeen City Council and NHS Grampian. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Aberdeen City.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet or a cashflow statement.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Aberdeen City IJB any annual leave earned but not yet taken is not considered to be material.

Reserves

The IJB is permitted to set aside specific amounts as reserves for future policy purposes. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows – this forms part of general reserves;
- create a risk fund to cushion the impact of unexpected events or emergencies; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of the reserves normally comprises:

- funds that are earmarked or set aside for specific purposes; and
- funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

Reserves are created by appropriating amounts out of the General Fund Balance in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged against the appropriate line in the Income and Expenditure Statement in that year to score against the Surplus/Deficit on the Provision of Services. The reserve is then appropriated back into the General Fund Balance in the Movement in Reserves Statement.

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Grampian and Aberdeen City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Support Services

Corporate support services (finance, legal and strategy) are provided by Aberdeen City Council and NHS Grampian at no cost to the IJB and it is not possible to separately identify these costs. To the extent that delegated services include an element of overheads and support services costs, these will be included within the appropriate line within the Income and Expenditure statement.

2. Critical Judgements and Estimation Uncertainty

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

Provisions

No financial provision for any future events has been made by the IJB in this accounting period.

3. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the IJB's financial position or financial performance. Where a change is made, it is applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

The audited Annual Accounts were authorised for issue by the Chief Finance Officer in April 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Income Analysis by Nature

2020/21		2021/22
£		£
144,823,328	Services commissioned from Aberdeen City Council	147,404,476
210,391,041	Services commissioned from NHS Grampian	219,334,008
-	Employee Benefits Expenditure	-
-	Insurance and Related Expenditure	-
30,060	Auditor Fee: External Audit	41,796
-	Auditor Fee: Other	-
(4,955,087)	Service Income: Aberdeen City Council	(4,840,312)
-	Service Income: NHS Grampian	-
(365,923,226)	Partners Funding Contributions and Non-Specific Grant Income	(395,096,189)
(15,633,884)	(Surplus) or Deficit on the Provision of Services	(33,156,221)

5. Taxation and Non-Specific Grant Income

2020/21		2021/22
£		£
(93,214,587)	Funding Contribution from Aberdeen City Council	(104,113,971)
(272,708,639)	Funding Contribution from NHS Grampian	(290,982,218)
(365,923,226)	Taxation and Non-specific Grant Income	(395,096,189)

The funding contribution from the NHS Board shown above includes £49 million in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS, which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services, such as that provided for Criminal Justice. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

6. Debtors

31 Mar 21		31 Mar 22
£		£
14,429,839	NHS Grampian	40,360,692
3,805,941	Aberdeen City Council	11,031,309
18,235,780	Debtors	51,392,001

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

7. Creditors

31 Mar 21		31 Mar 22
£		£
-	Aberdeen City Council	-
-	Creditors	-

Amounts owed to the funding partners are stated on a net basis. Debtor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

8. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a risk fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a risk fund.

2020/21

2021/22

Balance at 1 April 2020	Transfers In	Transfers Out	Balance at 31 March 2021		Transfers In	Transfers Out	Balance at 31 March 2022
£	£	£	£		£	£	£
-	(2,534,327)	-	(2,534,327)	Covid	(17,206,169)	-	(19,740,496)
(682,198)	(325,068)	-	(1,007,266)	Earmarked External Funding	(783,915)	-	(1,791,181)
-	(876,523)	-	(876,523)	Community Living Change	-	-	(876,523)
-	-	-	-	Primary Care	-	-	-
(72,764)	(2,468,069)	-	(2,540,833)	PCIP*	(1,718,167)	-	(4,259,000)
-	(693,049)	-	(693,049)	Action 15	(299,951)	-	(993,000)
-	-	-	-	MH Recovery and Renewal	(1,052,874)	-	(1,052,874)
(576,000)	(744,957)	-	(1,320,957)	ADP*	(965,270)	-	(2,286,227)
-	(6,762,825)	-	(6,762,825)	Integration +Change	(11,129,875)	-	(17,892,700)
(1,330,962)	(14,404,818)	-	(15,735,780)	Total Earmarked	(33,156,221)	-	(48,892,001)
(1,270,934)	(1,229,066)	-	(2,500,000)	Risk Fund	-	-	(2,500,000)
(2,601,896)	(15,633,884)	-	(18,235,780)	General Fund	(33,156,221)	-	(51,392,001)

* PCIP – Primary Care Improvement Funds

* ADP – Alcohol & Drugs Partnership Funding

9. Agency Income and Expenditure

On behalf of all IJBs within the NHS Grampian area, the IJB acts as the lead manager for Sexual Health Services and Woodend Rehabilitation Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the Sexual Health Services agency arrangement is shown below.

2020/21		2021/22
£		£
1,360,494	Expenditure on Agency Services	1,521,455
(1,360,494)	Reimbursement for Agency Services	(1,521,455)
-	Net Agency Expenditure excluded from the CIES	-

The amount of expenditure and income relating to the Woodend Rehabilitation Services agency arrangement is shown below.

2020/21		2021/22
£		£
6,257,449	Expenditure on Agency Services	7,950,904
(6,257,449)	Reimbursement for Agency Services	(7,950,904)
-	Net Agency Expenditure excluded from the CIES	-

10. Related Party Transactions

The IJB has related party relationships with the NHS Grampian, Aberdeen City Council and Bon Accord Care/Bon Accord Support Services. The nature of these relationships means that the IJB may influence, and be influenced by, these parties. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Grampian

2020/21		2021/22
£		£
(272,708,639)	Funding Contributions received from the NHS Board*	(290,982,218)
-	Service Income received from the NHS Board	-
210,188,431	Expenditure on Services Provided by the NHS Board	219,121,866
202,610	Key Management Personnel: Non-Voting Board Members	212,142
(62,317,598)	Net Transactions with the NHS Grampian	(71,648,210)

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer and the Clinical Director. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

*Includes resource transfer income of £ 45.7 million.

Balances with NHS Grampian

31-Mar-21		31-Mar-22
£		£
14,429,839	Debtor balances: Amounts due from the NHS Board	40,360,692
-	Creditor balances: Amounts due to the NHS Board	-
14,429,839	Net Balance with the NHS Grampian	40,360,692

Transactions with Aberdeen City Council

2020/21		2021/22
£		£
(93,214,587)	Funding Contributions received from the Council	(104,113,971)
(4,955,087)	Service Income received from the Council	(4,840,312)
144,736,812	Expenditure on Services Provided by the Council	147,329,545
116,576	Key Management Personnel: Non-Voting Board Members	116,727
46,683,714	Net Transactions with Aberdeen City Council	38,491,989

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Financial Officer. Details of the remuneration for some specific post-holders is provided in the Remuneration Report. The Chief Social Work Officer is a non-voting member of the IJB and the costs associated with this post are borne by the Council.

31-Mar-21		31-Mar-22
£		£
3,805,941	Debtor balances: Amounts due from the Council	11,031,309
-	Creditor balances: Amounts due to the Council	-
3,805,941	Net Balance with the Aberdeen City Council	11,031,309

Transactions with Bon Accord Care (BAC) and Bon Accord Support Services (BASS)

Bon Accord Care Limited and Bon Accord Support Services Limited are private companies limited by shares which are 100% owned by Aberdeen City Council. Bon Accord Care provides regulated (by the Care Inspectorate) care services to Bon Accord Support Services which in turn delivers both regulated and unregulated adult social care services to the Council.

31-Mar-21		31-Mar-22
£		£
(1,080,280)	Service Income received from the Council	(1,025,658)
30,434,678	Expenditure on Services Provided by the Council	34,404,699
29,354,398	Net Transactions with BAC/BASS	33,379,041

11. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Glossary of Terms

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts, normally a period of 12 months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g., cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- A possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or
- A present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received, or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group.

LASAAC

Local Authority (Scotland) Accounts Advisory Committee.

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than incash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	26 April 2022
Report Title	Quarter 4 (2021/22) Financial Monitoring Update
Report Number	HSCP.22.032
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer alestephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<p>Appendix A -Finance Update as at end March 2022</p> <p>Appendix B - Variance Analysis</p> <p>Appendix C - Mobilisation Plan Costings Update</p> <p>Appendix D - Progress in implementation of agreed savings – March 2022</p> <p>Appendix E - Budget Reconciliation</p> <p>Appendix F - Budget Virements</p> <p>Appendix G - Summary of risks and mitigating action</p>

1. Purpose of the Report

- a) To summarise the 2021/2022 revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of March 2022).
- b) To highlight the current forecast in relation to the additional costs of COVID-19 reclaimed from the Scottish Government (SG).



RISK, AUDIT AND PERFORMANCE COMMITTEE

- c) To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services.
- d) To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix F).

2. Recommendations

2.1. It is recommended that the IJB:

- a) Note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.
- b) Approve the budget virements indicated in Appendix F.

3. Summary of Key Information

Background

- 3.1.** This financial year (2021/22) the IJB found itself in the same position as last year with additional costs being incurred due to the implications of COVID-19 on the delegated services. In 2021/22 £12 million was required to cover these additional costs. The IJB holds £2.5 million in a Covid Reserve which must be used first against the £12 million. All the funding for COVID-19 was received along with a further £17 million which was passed through in the last quarter. This funding is to be used to fund further COVID-19 costs.
- 3.2.** In previous years the SG did not distribute some of the funds for the Alcohol and Drugs Partnership (ADP), Action 15 and Primary Care Improvement Plan (PCIP) as they were unlikely to be spent. In 2020/2021 all the funds including the underspends from previous years were transferred to the IJB and these were carried forward via the IJB reserves. These funds must be used first, before this year's allocations can be used. The full 2021/22 allocations were transferred into the IJB to be carried forward through IJB reserves if they were underspent.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Aberdeen City IJB Financial Information

- 3.3. A prudent approach continues to be taken in forecasting. In order to maintain a consistent approach with the financial position reported throughout the financial year. The financial position of the IJB as at 31 March 2022 is as follows:

	£'000 31 December 2021	£'000 31 March 2022
Overspend\(\Underspend) as at (Appendices A and B)	8,927	(33,156)
Represented by:		
Overspend\(\Underspend) on Mainstream Budgets (Appendix B)	(3,723)	(6,934)
Winter Funding underspent due to staffing difficulties	-	(4,206)
Overspend\(\Underspend) on Funds to be carried forward via the reserves	-	(4,820)
Direct Costs of Covid – Included on Mobilisation Plan (Appendix C) and on budget line	12,650	-
COVID-19 Funding received in final quarter to be carried forward	-	(17,206)
	8,927	33,156

- 3.4. The mainstream position is showing an underspend of £6,934,000 and information on the variances to date are contained in the appendices, along with the budget virements and an updated mobilisation plan costing. The underspend on mainstream services is greater than reported in December, as the level of underspend on older adults has increased, as have the underspends on frailty and community health services due to difficulties recruiting staff.



RISK, AUDIT AND PERFORMANCE COMMITTEE

3.5. As highlighted in the quarter 3 report, a significant level of additional financial resource has been received in relation to winter funding and this combined with the underspend on the funds, which we always earmark in the reserves, accounts for £9 million of the underspend. The final major movement is the £17 million of funding received in quarter 4 and referred to in paragraph 3.1.

4. Implications for IJB

4.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and the Risk Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

Key underlying assumptions and risks are set out within the Appendices to this report.

4.2. Equalities, Fairer Scotland and Health Inequality – there are no implications arising from this report.

4.3. Financial – the financial implications are contained throughout the report.

4.4. Workforce – there are no workforce implications arising from this report.

4.5. Legal – there are no legal implications arising from this report.

4.6. Other – there are no other implications arising from this report.



RISK, AUDIT AND PERFORMANCE COMMITTEE

5. Links to ACHSCP Strategic Plan

5.1. A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

6. Management of Risk

6.1. Identified risks(s)



See directly below.

6.2. Link to risks on strategic or operational risk register: Strategic Risk #2

There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.

6.3. How might the content of this report impact or mitigate these risks:

Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Appendix A: Finance Update as at end March 2022

Period 12	Full Year Revised Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %
Mainstream:				
Community Health Services	38,543	36,817	(1,726)	-4.5
Aberdeen City share of Hosted Services (health)	28,224	26,329	(1,895)	-6.7
Learning Disabilities	35,252	34,690	(562)	-1.6
Mental Health and Addictions	22,305	22,857	552	2.5
Older People & Physical and Sensory Disabilities	91,475	84,433	(7,042)	-7.7
Directorate	350	707	357	102.0
Criminal Justice	92	92	0	0.0
Housing	1,863	1,863	0	0.0
Primary Care Prescribing	39,921	40,166	245	0.6
Primary Care	42,864	43,058	194	0.5
Out of Area Treatments	2,600	2,495	(105)	-4.0
Set Aside Budget	49,408	49,408	0	0.0
Direct COVID Costs	29,184	11,978	(17,206)	-59.0
Public Health	2,242	1,953	(289)	-12.9
	384,323	356,846	(27,477)	-7.1
Funds:				
Integration and Change	2,191	152	(2,039)	-93.1
Recovery and Renewal	1,095	43	(1,052)	-96.1
Primary Care Improvement Fund	5,171	3,449	(1,722)	-33.3
Action 15 Mental Health	897	597	(300)	-33.4
Alcohol Drugs Partnership	1,419	854	(565)	-39.8
	10,773	5,095	(5,678)	-52.7
	395,096	361,941	(33,155)	-8.4

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Appendix B: An analysis of the variances on the mainstream budget is detailed below:

Community Health Services (Position - £1,726,000 underspend)

Major Variances:

(258,000) Across non-pay budgets
(613,000) Over receipt on income
(856,000) Staff Costs

Staffing costs projected underspend due to recruitment to vacancies particularly in Nursing and AHPs. This is augmented by underspend in Non Pay and over recovery on income.

Hosted Services (Position £1,985,000 underspend)

The Hosted Services position is now reporting an underspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board. All services reporting underspend excluding GMED which still has a significant overspend despite additional funding.

Intermediate Care: Has an underspent position in city due to allocation of additional funding. The Grampian Wide service has an underspend position due to reduction on medical supplies spend and no longer accruing for an invoice, along with a reduction in locums usage.

Grampian Medical Emergency Department (GMED): Currently overspent despite additional IJB funding. Relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

Learning Disabilities (Position - £562,000 underspend)

£430,000 underspent on staff costs due to vacancies. £56,000 overrecovered income from clients. £830,000 underspent on commissioning costs but £720,000 overspent on direct payments, as more clients are organising their own care.

Mental Health & Addictions (Position - £552,000 overspend)

£125,000 overrecovered income, mostly client receipts. There are also underspends of £110,000 on staff costs due to vacancies, and £75,000 on supplies & services. These are offset by various overspends, the largest being £67,000 on commissioned services and £44,000 on direct payments to clients. The

Older People & Physical and Sensory Disabilities (Position £7,042,000 underspend)

£1.3m underspend on commissioned services, £590,000 underspend on staff costs due to vacancies - service has started a recruitment drive to attract new social workers, £260,000 underspend on supplies & services relating to past IT contract costs now longer being due, and £1m overrecovery of income, mostly client receipts. Also, an underspend on the winter funding. Offset by £2.3m overspend on direct payments.

Directorate (Position - £357,000 overspend)

£220,000 overspent on commissioning services and budget will be realigned next financial year.

Primary Care Prescribing (Position - £245,000 overspend)

Agreement between Scottish Government and Community Pharmacy Scotland was reached to reduce tariff price from July. This resulted in an actual average price per item of £10.81 in July which increased to £10.86 in August and £10.90 in September, (June actual average price was £11.12 before tariff reduction). After seasonal increase in price for December the average item price in January fell back to £10.95. A price of £10.95 per item, has been used to estimate February and March position.

The actual volume of items increase to January remained higher than prior year, at a rate of 5.20% and estimate to February is now 5.31%. The estimated position has been adjusted to include an overall 5.31% volume increase for the 12 months to March. The volume increase is a key factor in overall expenditure and latest estimated 9.705M items for 21/22 represents a small increase in activity compared to overall 19/20 totals including the March 2020 Covid impact. Within Aberdeen City a separate credit on actuals within City prescribing budget as noted above £279,000 has been actioned to improve position to date.

Primary Care Services (Position - £194,000 overspend)

The GP contract Global sum uplift was agreed and implemented from October 21. This has resulted in a minor adverse variance to March. The main overspend on enhanced services remains consistent as services were protected in total for 21/22. The main underspend on Board administered funds including Seniority payments and locum payments continued but reduced in March as additional claims received for maternity and sickness allowances. Premises has a favourable movement including latest rates, rental (mainly in Aberdeen city) and improvement expenditure which includes increased slippage for projects in 21/22. Other smaller minor underspending areas including Training Grant contribute to the overall underspend position.

Out of Area Treatments (Position - £105,000 underspend)

Reduction in overspend due to transfer of patient and reduction in nursing.

COVID -19 Costs (Position - £17,206,000 underspend).

Major Movements:

See appendix C for detailed breakdown. The costs were fully funded and the budget also contains a further £18 million to cover COVID costs in future years.

Transforming Health and Wellbeing (Position - £289,000 underspend).

£58,000 underspent on Horizons rehabilitation centre refurbishment as no work carried out so far this year and staff vacancies.

Funds

The budgets have been updated to reflect the correct allocations and the underspends are transferred to reserves where they balances are required to be earmarked.

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Appendix C: Mobilisation Plan Costings

	2021/22	
	£'000	
<u>Direct Costs Agreed Locally</u>		
Additional Care Home Beds	224	Three months worth of additional costs
Additional Equipment and Maintenance	176	IT Equipment, beds and mattresses
Staff overtime and additional hours	462	Required to support residential settings and for weekend working.
Care at Home Remobilisation	696	To continue the additional capacity created via the winter plan project and support discharge from hospital to home.
Care Homes Sustainability	6,286	Support to care homes financially due to a reduction in number of residents.
PPE Partnership	198	Additional cost to social care and partnership for a long time .
Prescribing	334	Cost recovery for two drugs where the costs have increased due to COVID.
COVID HUB	1,100	Costs of Covid Vaccination Hubs
COVID Costs	9,476	
<u>Included on other budget lines</u>		
Care at Home Additionality	1,500	Additional costs in relation to care at home required to keep residents from moving into residential settings wherever possible.
Lost Income	1,002	Reduction in financial assessments and relaxation of rules. There will be a delay in collecting some of this income.
	2,502	
21/22	11,978	

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Appendix D: Progress in implementation of savings – December 2021

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Managing Demand	(2,466)	Description - Review of social care to determine whether savings could be achieved. Status - Partially achieved via additional income for the Scottish Living wage announced late in the national budget process.	(2,466)
Conditions for Change	(500)	Description - reduced usage of locums and agency staff and redesign of community mental health services as we move into localities. Status - achieved via additional turnover savings.	(500)
Accessible and responsive infrastructure	(2,500)	Description - Additional income to be received from local mobilisation plan to cover additional costs and lost income due to COVID. Status - On track and included on local mobilisation plan.	(2,500)
	(5,466)		(5,466)

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Appendix E: Budget Reconciliation

	NHSG £	ACC £	IJB £
ACC per full council:	0	97,327,244	
NHS per letter from Director of Finance:	235,228,104		
Budget NHS per letter		0	
	<u>235,228,104</u>	<u>97,327,244</u>	
Reserves Drawdown			
Quarter 1	10,663,984	1,132,097	
Quarter 2	6,759,933	800,000	
Quarter 3	1,516,520	5,134,903	
Quarter 4	36,813,677	(280,273)	
	<u>290,982,218</u>	<u>104,113,971</u>	<u>395,096,189</u>

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Appendix F: Budget Virements (balancing)

Health 10-12		£
Admin Recode	Core Community	33,893
Admin Recode	Transformation and Public Health	(33,893)
Back Scanning	Core Community	(191,000)
Back Scanning	City Share Hosted Services	191,000
Covid Funding Council	Resource Transfer	10,014,000
Covid Funding Council	Coronavirus (COVID 19)	(10,014,000)
Covid Claims	Primary Care	21,106
Covid Claims	Coronavirus (COVID 19)	(21,106)
Mental Health Earmarked Realignment	City Mental Health	(1,257,986)
Mental Health Earmarked Realignment	City Earmarked Funds	1,257,986
Total Virements		0

Social Care 10-12		£	Ref
Total Virements		0	

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Appendix G: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	Balanced financial position is dependent on vacancy levels.	Monitor levels of staffing in post compared to full budget establishment. A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. The movement of staff from elsewhere in the organisation may help to reduce locum services.
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget because of: expensive support packages may be implemented. Any increase in provider rates for specialist services.	Review packages to consider whether they are still meeting the needs of the clients. All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	Work has been undertaken to review levels through using CareFirst. Review potential delayed discharge complex needs and develop tailored services. A group has been established in the city to look at supplementary staffing on a regular basis.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the balanced financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	Monitor levels of staffing in post compared to full budget establishment. Regular review packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available data and evidence at start of each year by the Grampian Medicines Management Group	Monitoring of price and volume variances from forecast. Review of prescribing patterns across General Practices and follow up on outliers. Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area, which would impact this budget.	Groups to be re-established reviewing placements and considering if these patients can be cared for in a community setting.

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Risk, Audit and Performance Committee

Date of Meeting	26.04.2021
Report Title	External Audit Plan 2021-22
Report Number	HSCP22.031
Lead Officer	Michael Wilkie, External Auditor (KPMG)
Report Author Details	Michael Wilkie, External Auditor (KPMG) Michael.wilkie@kpmg.co.uk
Consultation Checklist Completed	No
Appendices	Appendix A – External Audit Plan 2021-22

1. Purpose of the Report

- 1.1. The purpose of this report is to present the Risk, Audit and Performance Committee (RAPC) with the external audit plan to the Members of Aberdeen Integration Joint Board and the Controller of Audit for the year ended 31 March 2022 for discussion and noting.

2. Recommendations

It is recommended that the Risk, Audit and Performance Committee:

- a) Note the contents of the report.

3. Summary of Key Information

- 3.1. The Accounts Commission has appointed KPMG LLP as auditor of the Aberdeen City Integration Joint Board (JB).
- 3.2. This report to those charged with governance is designed to summarise the external auditor's view of the risks of the audit and the approach he will take to gain sufficient assurance over the risks, to allow him to provide an opinion on the financial statements for Aberdeen City IJB for the financial period 2021/22.



Risk, Audit and Performance Committee

4. Implications for IJB

- 4.1. **Equalities** – there are no direct implications arising from this report.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. **Other** - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring good governance will support the IJB to achieve all elements of its strategic plan.



Risk, Audit and Performance Committee

6. Management of Risk

- 6.1. **Identified risks(s):** The External Audit process considers risks involved in the areas subject to review. Any risk implications identified through the External Audit process are as detailed in the attached report.
- 6.2. **Link to risks on strategic risk register:** The risk is for the external auditor not being able to give an opinion on the financial statements before the statutory deadline
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks have been identified by the external auditors, discussions are ongoing with management to mitigate these risks and the required documents will be prepared by management as necessary.

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Aberdeen City Integration Joint Board

Draft Audit strategy

Year ending 31 March 2022

Risk, Audit and Performance Committee 26 April 2022

Contents

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Wider scope and Best Value	11
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About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the Code").

This report is for the benefit of Aberdeen City Integration Joint Board and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the scoping and purpose section of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Restrictions on distribution

This report is intended solely for the information of those charged with governance of the Board and the report is provided on the basis that it should not be distributed to other parties; that it will not be quoted or referred to, in whole or in part, without our prior written consent; and that we accept no responsibility to any third party in relation to it.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Michael Wilkie, who is the engagement leader for our services to Aberdeen City Integration Joint Board, telephone 0141 300 5890 email: michael.wilkie@kpmg.co.uk, who will try to resolve your complaint. If your problem is not resolved, you should contact Hugh Harvie, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6682 or email to hugh.harvie@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Diane McGiffen, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

Introduction

2021-22 is the sixth year of our external audit appointment to Aberdeen City Integration Joint Board (“the Board”), having been appointed by the Accounts Commission as auditor of the Board under the Local Government (Scotland) Act 1973 (“the Act”). The period of appointment is 2016-17 to 2021-22, inclusive, as extended by Audit Scotland.

Our planned work in 2021-22 will include:

- an audit of the financial statements and provision of an opinion on whether the financial statements:
 - give a true and fair view in accordance with the applicable law and the Code of Practice on Local Authority Accounting in the United Kingdom (“the 2021-22 Code”) of the state of the affairs of the Board as at 31 March 2022 and of the income and expenditure of the Board for the year then ended; and
 - have been prepared in accordance with International Financial Reporting Standards (“IFRS”) as adopted by the European Union, as interpreted and adapted by the 2021-22 Code, the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003.
- completion of returns to Audit Scotland;
- a review and assessment of the Board’s governance arrangements and review of the governance statement;
- a review of arrangements for preparing and publishing statutory performance information; and
- contributing to the audit of wider scope and Best Value through performance of risk assessed work.

How we deliver audit quality

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion. We consider risks

to the quality of our audit in our engagement risk assessment and planning discussions.

We define ‘audit quality’ as being the outcome when audits are:

- executed consistently, in line with the requirements and intent of applicable professional standards within a strong system of quality controls; and
- all of our related activities are undertaken in an environment of the outmost level of objectivity, independence, ethics and integrity.

Adding value

Throughout the audit, we will consider opportunities to add value and will conclude on this in our annual audit report. We add value through:

- our experience, which brings insight and challenge;
- our tools and approach, which contribute to audit quality; and
- transparency and efficiency, which improves value for money.

Our team

The team has significant experience in the audit of local authorities and integration joint boards. All members of the team are part of our wider local government and health network. The engagement lead is Michael Wilkie, and is responsible for the audit opinion, and engagement manager is Matthew Moore. Michael has many years’ experience within the public sector and specifically in respect of integration joint boards. Their contact details are provided on the back page of this report.

Our work will be completed in three phases from December 2021 to September 2022. Our key deliverables are this audit strategy document and an annual audit report.

Acknowledgements

We would like to take this opportunity to thank officers and members for their continuing help and co-operation throughout our audit work.

Headlines

Materiality

Materiality for planning purposes has been based on 2021-22 estimated gross expenditure and set at £3.7 million (1% of gross expenditure). We will review gross expenditure on receipt of draft accounts for 2021-22, and assess whether we are required to update this calculated materiality.

In line with the Code of Audit Practice, we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance and this threshold has been set at £0.185 million.

Page 6

Audit risks

We have identified management override of controls as a default fraud risk which requires specific audit attention, in line with the International Standards on Auditing ("ISA") and plan to consider this risk as part of our standard audit approach.

The risks with less likelihood of giving rise to a material error, but which are nevertheless worthy of audit understanding, relate to:

- completeness and accuracy of expenditure;
- financial sustainability; and
- grant funding accounting (including COVID-19 grants)

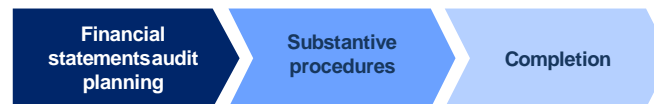
We plan to consider each of these areas, and will report on our findings in our annual audit report which we plan to issue in September 2022.

Pages 7 to 9

Financial statement audit

Our financial statements audit work follows a three stage audit process which is identified below. [Appendix three](#) provides more detail on the activities that this includes. This report concentrates on the audit planning stage of the financial statements audit.

These stages are:



There are no significant changes to the 2021-22 Code, which means for this year there is consistency in terms of accounting standards the Board needs to apply.

Page 10

Wider scope

Auditors are required to assess and provide conclusions in the Annual Audit Report in respect of four wider scope dimensions:

- financial sustainability;
- financial management;
- governance and transparency; and
- value for money.

We test wider scope areas where there are identified risks. We consider that there are wider scope risks in respect of demand pressures and the transformation programme. We have identified financial sustainability as a wider scope financial statement level focus area as set out opposite.

In addition, due to ongoing challenges related to the Covid-19 pandemic, we will consider the impact, and the Board's response to pressures as part of our risk assessment procedures and wider scope responsibilities. Audit Scotland have also specified consideration of the risk of fraud at audited entities, which we have extended to consider the Board's approach to managing fraud risk in respect of procurement.

Pages 11 to 15

Headlines (continued)

Independence

In accordance with ISA 260 and the Financial Reporting Council's ("FRC") Ethical Standards, we are required to communicate to you all relationships between KPMG and the Board that may be reasonably thought to have bearing on our independence both:

- at the planning stage; and
- whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.

Appendix two contains our confirmation of independence and any other matters relevant to our independence.

Total fees charged by us for the period ended 31 March 2021 were communicated in our Annual Audit Report issued in September 2021. Total fees for 2021-22 will be presented in our annual audit report issued on completion of the audit. The proposed audit fee for 2021-22, as agreed with those charged with governance, is £27,960 as set out below:

Total fee	Pooled costs	Contribution to PABV (Audit Scotland)	Contribution to Audit Scotland	Auditor remuneration (including VAT)
£27,960	£2,010	£5,670	£1,030	£23,100

Quality

International Standard on Quality Control (UK and Ireland) 1 ("ISQC1") requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

Our Audit Quality Framework and KPMG Audit Manual comply with ISQC1. Our UK Senior Partner has ultimate responsibility for quality control. Operational responsibility is delegated to our Head of Quality & Risk who sets overall risk management and quality control policies. These are cascaded through our Head of Audit in Scotland and ultimately to Michael Wilkie as the Director leading delivery of services to the Council.

The nature of our services is such that we are subject to internal and external quality reviews. KPMG UK's annual financial statements include our UK transparency report which summarises the results of various quality results and developments over the course of each year.

We also provide Audit Scotland with details of how we comply with ISQC1 and an annual summary of our achievement of key performance indicators and quality results.

We welcome your comments or feedback related to this strategy and our service overall.

Regularity

We consider the risk of fraud and error over income and expenditure recognition, in line with *Practice Note 10 Audit of financial statements of public sector bodies in the United Kingdom*. As the Board is a net spending body, we consider it appropriate to extend our consideration to cover expenditure as well as income. We do not consider there to be a significant risk over income or expenditure, see page seven. We have identified the completeness and accuracy of expenditure as an other focus area, see page eight.

Financial statements audit planning

Materiality

We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. This therefore involves an assessment of the qualitative and quantitative nature of omissions and misstatements.

Generally, we would not consider differences in opinion in respect of areas of judgement to represent 'misstatements' unless the application of that judgement results in a financial amount falling outside of a range which we consider to be acceptable.

Materiality for planning purposes has been set at £3.7 million (2020-21 £3.5 million), which equates to 1% of 2021-22 gross expenditure (2020-21: 1% of gross expenditure). Materiality will be revised once draft financial statements for 2021-22 are received.

To respond to aggregation risk from individually immaterial misstatements, we design our procedures to detect misstatements at a lower level of materiality for the IJB of £2.8 million (2020-21: £2.6 million).

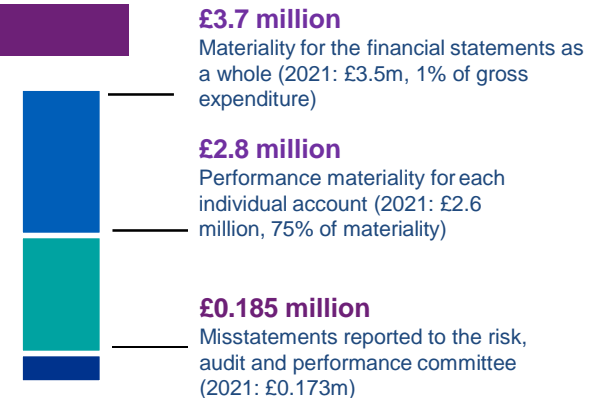
Risk, Audit and Performance Committee

Under ISA 260, we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. ISA 260 defines 'clearly trivial' as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

In the context of the Board, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £0.185 million.

If management has corrected material misstatements identified during the course of the audit, we will communicate such corrected misstatements to the Risk, Audit and Performance Committee to assist it in fulfilling its governance responsibilities.

Materiality



Control environment

The impact of the control environment on our audit is reflected in our planned audit procedures. Our planned audit procedures reflect findings raised in the previous year and management's response to those findings. We will assess the impact of the COVID-19 pandemic on key controls, which may result in subsequent changes in our audit approach.

Timing of our audit and communications

We will maintain communication led by the engagement lead and senior manager throughout the audit. We set out our communications in Appendix three.

Financial statements audit planning (continued)

Significant risks and other focus areas

Risk assessment: Our planning work takes place during February and March 2022. This involves: risk assessment; determining the materiality level; and issuing this audit plan to communicate our audit strategy. We use our knowledge of the Board, discussions with management and review of Board papers to identify areas of risk and audit focus categorised into financial risks and wider dimension risks as set out in the Code.

Significant risk	The risk	Planned response
Financial statement risks		
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	<ul style="list-style-type: none"> Our audit methodology incorporates the risk of management override as a default significant risk. We have not identified any specific additional risks of management override relating to the audit of the Board. Strong oversight of finances by management provides additional review of potential material errors caused by management override of controls. In line with our methodology, we will carry out appropriate substantive procedures, including over journal entries, accounting estimates and significant transactions that are outside the organisation's normal course of business, or are otherwise unusual.
Fraud risk from income revenue recognition and expenditure	Professional standards, as interpreted by Practice Note 10 <i>Audit of financial statements of public sector bodies in the United Kingdom</i> require us to make a rebuttable presumption that the fraud risk from revenue recognition and expenditure are significant risks.	<ul style="list-style-type: none"> The Board receives funding requisitions from Aberdeen City Council and NHS Grampian. These are agreed in advance of the financial year, with any changes arising from changes in need, requiring approval from each body. There is no estimation or judgement in recognising this stream of income and we do not regard the risk of fraud to be significant. The Board works with Aberdeen City Council and NHS Grampian in order to deliver services delegated by the Board. The Board makes these directions based on its budget agreed in advance of the financial year. There is no estimation or judgement in recognising expenditure to these bodies, and we do not regard the risk of fraud to be significant.

Financial statements audit planning (continued)



Page 82

Other focus area	The risk	Planned approach
Financial statement focus area		
Completeness and accuracy of expenditure	The Board's integrated finance team, led by the Chief Finance Officer, prepare expenditure forecasts as part of the annual budgeting process. There is a risk that actual expenditure and resulting funding is not correctly captured.	<ul style="list-style-type: none"> — Our substantive audit will obtain support for gross expenditure included in Aberdeen City Council and NHS Grampian's accounting records. We will obtain confirmations of expenditure from each of these bodies.
Financial sustainability	Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. This is inherently a risk to the Board given the challenging environment where funding is reduced and efficiency savings are required	<ul style="list-style-type: none"> — The Board receives funding from NHS Grampian and Aberdeen City Council, and as part of an Integration Scheme, has a risk sharing agreement with both bodies. This agreement stipulates overspends should be met through the use of reserves where possible, otherwise these bodies must make an additional one-off payment on the basis of each body's proportionate share of baseline contributions to the Board. This gives the Board comfort with regards to overspends, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of challenging NHS and Council Budgets that are expected into 2022.23 — Covid 19 funding has had a significant impact on the year end balances with significant funding expected to increase reserves at the year ended 31.3.2022, however with suspected pressures in 2022.23 from expected increased demand and budget pressures the use of these reserves will be needed to help transform services for future years. — We will consider the Board's financial planning, reserves strategy, and Board's use of reserves, concluding on the appropriateness of these in our annual audit report. — See page 13 for further information regarding the financial sustainability wider scope.

Financial statements audit planning (continued)



Other focus area	The risk	Planned approach
Financial statement focus area		
Grant funding accounting	<p>As part of the economic support provided by the Scottish government, the IJB will need to consider the continued accounting treatment for Covid-19 related grants as well as other additional grant funding.</p> <p>Due to the complexity, development of guidance and relative inexperience of administering the schemes, there remains an element of risk of fraud and error in respect of payments made periods to which funding relates, applicable funding restrictions and disclosure.</p>	<ul style="list-style-type: none"> — We will inquire of Officers how the partners and the IJB plan to account for the grants in respect of potential accruals, prepayments and provisions or liabilities. — We will inquire of Officers to determine how the partner bodies administer any grants or payments provided, and how the IJB obtain sufficient assurance that these payments are correctly made and that any related funding restrictions or conditions are correctly accounted for, including any applicable disclosure. — We will consider and report upon whether the required accounting treatment within the annual accounts is appropriately made in respect of CIPFA / LASAAC guidance and the 2021-22 Code.

Other matters

Accounting framework update

There are no significant changes in the accounting framework that require disclosure other than those potential changes described in the Covid-19: Audit implications section opposite.

Controls testing

In respect of the financial statements, we identify the constituent account balances and significant classes of transactions and focus our work on identified risks. Determining the most effective balance of internal controls and substantive audit testing enables us to ensure the audit process runs smoothly and with the minimum disruption to the Board's finance team.

We have not identified any action points in 2020-21. [Appendix three](#) summarises our approach across each phase of the audit.

Internal audit

ISA 610 *Considering the work of internal audit* requires us to:

- consider the activities of internal audit and their effect, if any, on external audit procedures;
- obtain an understanding of internal audit activities to assist in planning the audit and developing an effective audit approach;
- perform a preliminary assessment of the internal audit function when it appears that internal audit is relevant to our audit of the financial statements in specific audit areas; and
- evaluate and test the work of internal audit, where use is made of that work, in order to confirm its adequacy for our purposes.

We will continue liaising with internal audit and update our understanding of its approach and conclusions where relevant. The general programme of work will be reviewed for significant issues to support our work in assessing the statement of internal control.

Covid-19: Audit implications

We report our assessment of the impact of Covid-19 on our planned audit scope, timing, materiality, audit procedures, and fees.

- The **planned scope and timing** of our audit has not changed significantly from the prior year to respond to any assessed risks of material misstatement.
- Given the rapidly changing environment, the **scope and timing** of our audit may need to be modified further to respond to new events or changing conditions. If we make significant changes, then we will communicate these to you. We anticipate considering management's assessment of the treatment, value and number of claims or disbursements of various government grants and funding streams which are new and associated with Covid-19.
- **Materiality** for the financial statements as a whole has been maintained from the prior year due to increased demand and expenditure required to maintain service delivery.
- Due to the rapidly evolving situation, determining whether **subsequent events** should be reflected (adjusting) vs. disclosed (non-adjusting) in the financial statements may require significant judgement, and more subsequent events may be identified.
- Our **audit procedures** will be adjusted to respond to any increased risks of material misstatement, and we highlight the risk of potential delays to the completion of our audit to enable us to obtain sufficient appropriate evidence to support our audit opinion.
- We do not anticipate any changes to our procedures or risk assessment in respect of the Board's ability to continue as a **going concern**.
- Based on the efficient working relationship between KPMG and the finance team in 2020-21, we do not anticipate adjusting our **audit fee** beyond that proposed on page five.

Wider scope and Best Value

Approach

We are required to assess and provide conclusions in the Annual Audit Report in respect of four wider scope dimensions: financial sustainability; financial management; governance and transparency; and value for money. We set out below an overview of our approach to wider scope and Best Value requirements of our annual audit.

We provide on pages 13 to 15 our risk assessment in respect of these areas.

Risk assessment

We consider the relevance and significance of the potential business risks faced by Integration Joint Boards, and other risks that apply specifically to the Board. These are the significant operational and financial risks in achieving statutory functions and objectives, which are relevant to auditors' responsibilities under the *Code of Audit Practice*.

In doing so we consider:

- The Board's own assessment of the risks it faces, and its arrangements to manage and address its risks.
- Evidence gained from previous audit work, including the response to that work.

We use the shared risk assessment process to consider if there are wider scope risks relevant to the Annual Audit Report.



Linkages with other audit work

There is a degree of overlap between the work we do as part of the wider scope/Best Value and our financial statements audit. For example, our financial statements audit includes an assessment and testing of the control environment, many aspects of which are relevant to our wider scope audit responsibilities.

We always seek to avoid duplication of audit effort by integrating our financial statements and wider scope/Best Value work, and this will continue. We consider information gathered through the shared risk assessment and the Audit Commission's five strategic priorities when planning and conducting our work.



Wider scope and Best Value (continued)

Approach (continued)

Identification of significant risks

The Code identifies a matter as significant *'if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects.'*

If we identify significant wider scope risks, we will highlight the risk to the Board and consider the most appropriate audit response in each case, including:

- Considering the results of work by the Board, inspectorates and other review agencies.
- Carrying out local risk-based work to form a view on the adequacy of the Board's arrangements for securing economy, efficiency and effectiveness in its use of resources.



Concluding on wider scope and Best Value

At the conclusion of the wider scope/Best Value testing we will consider the results of the work undertaken and assess the assurance obtained against each of the wider scope audit dimensions, regarding the adequacy of the Board's arrangements for securing economy, efficiency and effectiveness in the use of resources.

If any issues are identified that may be significant to this assessment, and in particular if there are issues that indicate we may need to consider qualifying our wider scope conclusion, we will discuss these with management as soon as possible. Such issues will also be considered more widely as part of KPMG's quality control processes, to help ensure the consistency of auditors' decisions.



Reporting

We have completed our initial wider scope risk assessment and have not identified any significant risks, as noted on the pages 13-15. We will update our assessment throughout the year and should any issues present themselves we will report them in our Annual Audit Report.

We will report on the results of the wider scope and Best Value work through our Annual Audit Report. This will summarise any specific matters arising, and the basis for our overall conclusion.



Wider scope and Best Value (continued)

Risk assessment

We have not identified any financial statement significant risks in relation to wider scope and Best Value.

Wider scope area	Why	Audit approach
<p>Financial sustainability and financial management</p>	<p>Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.</p> <p>Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered.</p> <p>Specific identified focus areas:</p> <p>Demand pressures and the transformation programme</p> <p>This is inherently a risk to the Board given the challenging environment where funding is unlikely to increase and efficiency savings are required to meet the demand pressures for services, in particular GP Prescribing burden and cost pressures such as the Scottish Living Wage and National drug costs.</p>	<ul style="list-style-type: none"> — We will obtain an understanding of the Board’s financial position and year end outturn position through review of board reports and other management information. We will assess management’s progress with implementation of efficiency savings. Commentary and analysis on these areas will be provided within the annual audit report. — We will perform substantive procedures, including substantive analytical procedures, over income and expenditure comparing the final position to budget. — The Board receives funding from NHS Grampian and Aberdeen City Council, and has a risk sharing agreement in place with both bodies. It is noted that Scottish Government has indicated additional funding to the IJB for the 2021/2022 and 2022/2023 financial years. This will assist the IJB to rebuild and scale up services and to limit the impact of the financial positions of its partners, NHS Grampian and Aberdeen City Council (refer to page 8) — We will consider the Board’s financial planning and reserves strategy and conclude on the appropriateness of these in our annual audit report.

Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Financial sustainability and financial management (continued)	<p>Specific identified focus areas (continued):</p> <p>Covid-19</p> <p>As an entity with strategic responsibilities for health and social care in Aberdeen, the Covid-19 pandemic has an inherent impact on the Board's financial health, and those decisions made by the Board on public health.</p>	<ul style="list-style-type: none"> — We will consider the transparency, regularity and adequacy of information presented to the Board in order to support effective decision making. — We will consider whether any changes to the governance structure as a result of national and regional social restrictions are sufficient for democratic governance. — We will review the Board's budget setting process in order to conclude whether identified Covid-19 services and pressures are appropriately resourced. We will also consider how officers advise members on the current financial position in respect of Covid-19 pressures.
Governance and transparency	<p>Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.</p> <p>Specific identified focus area:</p> <p>Audit Scotland planning guidance requires us to consider the matters opposite.</p>	<ul style="list-style-type: none"> — We will consider the effectiveness of scrutiny and governance arrangements, by evaluating the challenge and transparency of the reporting of financial and performance information. — We will update our understanding of the controls and processes around capturing officers' and Board members' interests. — We will obtain and review minutes of meetings of the various committees to assess the level of transparency, and consider the Board's plan for enhancing transparency.

Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Value for money	Value for money is concerned with how effectively resources are used to provide services.	— We will specifically consider performance indicators, performance reporting and arrangements to provide for continuous improvement.



Appendices

Mandated communications with the Risk, Audit and Performance Committee

Matters to be communicated	Link to Riak, Audit and Performance Committee papers
Independence and our quality procedures ISA 260 (UK and Ireland).	— See page 18.
The general approach and overall scope of the audit, including levels of materiality, fraud and engagement letter ISA 260 (UK and Ireland).	— Main body of this paper
— Disagreement with management about matters that, individually or in aggregate, could be significant to the entity's financial statements or the auditor's report, and their resolution (AU 380).	— In the event of such matters of significance we would expect to communicate with the Risk, Audit and Performance Committee throughout the year. — Formal reporting will be included in our annual audit report for the Risk, Audit and Performance Committee meeting, which focuses on the financial statements.
— Significant difficulties we encountered during the audit.	
— Significant matters discussed, or subject to correspondence, with management (ISA 260).	
— Our views about the qualitative aspects of the entity's accounting and financial reporting.	
— The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements (ISA 260 and ISA 540).	
— Audit adjustments, whether or not recorded by the entity, that have, or could have, a material effect on its financial statements. We will request you to correct uncorrected misstatements (including disclosure misstatements) (ISA 450).	
— The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the entity's financial statements (ISA 570).	
— Material uncertainties related to events and conditions that may cast significant doubt on the entity's ability to continue as a going concern (ISA 570).	
— Expected modifications to the auditor's report (ISA 705).	
— Related party transactions that are not appropriately disclosed (ISA 550)	

Auditor Independence

Assessment of our objectivity and independence as auditor of Aberdeen City Integration Joint Board (the Board)

Professional ethical standards require us to provide to you at the planning stage of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

We are satisfied that our general procedures support our independence and objectivity.

Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the Risk, Audit and Performance Committee.

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the director and audit staff is not impaired.

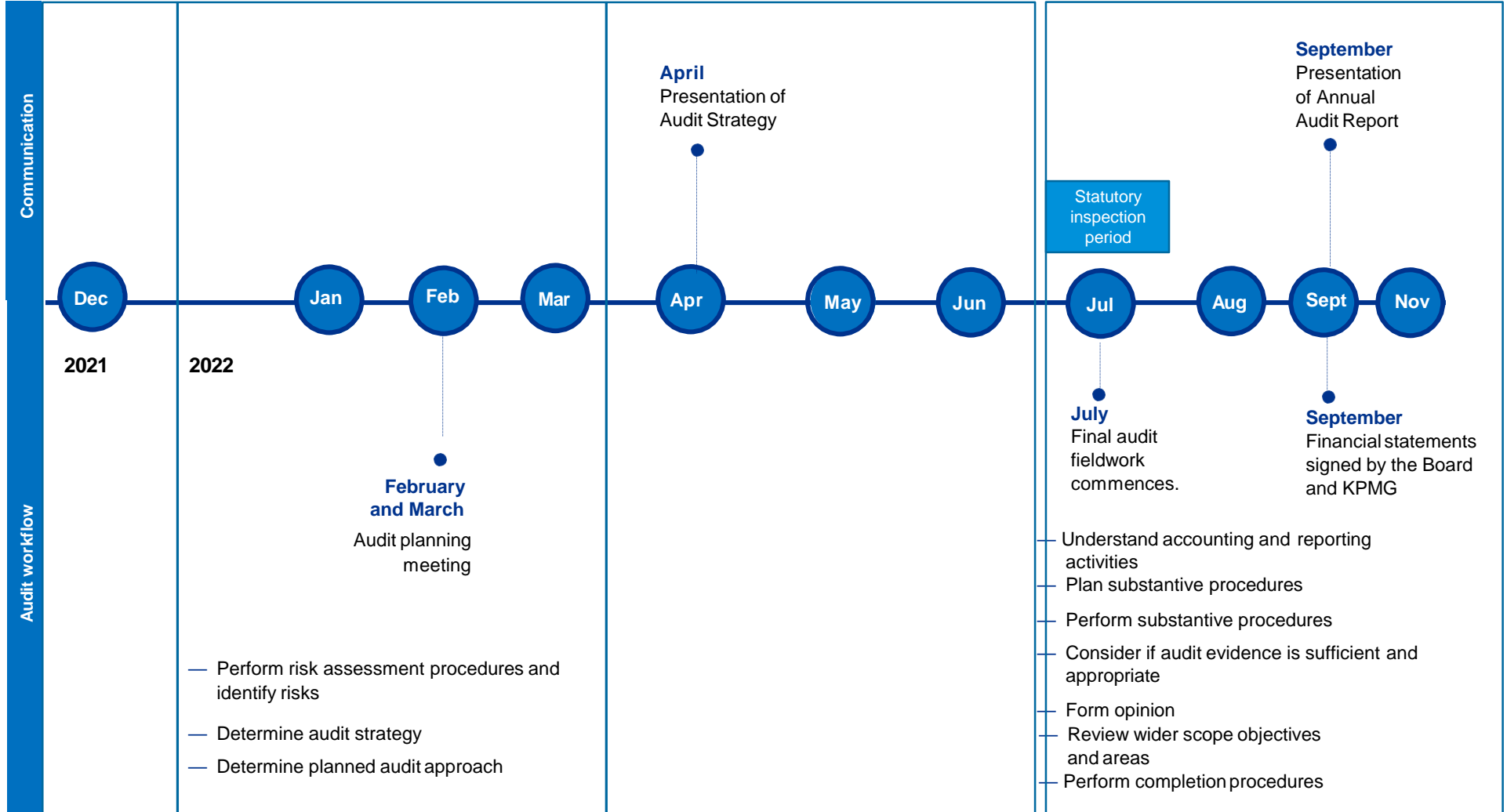
This report is intended solely for the information of the Risk, Audit and Performance Committee of the Board and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

KPMG LLP

Timeline



Audit outputs

Output	Description	Report date
Audit strategy	Our strategy for the external audit of the Board, including significant risk and audit focus areas.	By 26 April 2022
Independent auditor's report	Our opinion on the Board's financial statements.	By 30 September 2022
Annual audit report	We summarise our findings from our work during the year.	By 30 September 2022
Audit reports on other returns	We will report on the following returns: <ul style="list-style-type: none"> — Current issues returns — Fraud returns 	January, March, July and October 2022 November 2021, February, May and August 2022

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of management

Financial statements

Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for:

- preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;
- maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their financial statements and related reports disclosures;
- ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate Council;
- maintaining proper accounting records; and
- preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer- term financial sustainability of the body.

Further, it is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.

Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.

Audited bodies are responsible for providing the auditor with access to all information relevant to the preparation of the financial statements, additional information requested and unrestricted access to persons within the entity.

Prevention and detection of fraud and irregularities

Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of management
Corporate governance arrangements
Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including Risk, Audit and Performance Committees or equivalent) in monitoring these arrangements.
Financial position
Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to: <ul style="list-style-type: none">— such financial monitoring and reporting arrangements as maybe specified;— compliance with any statutory financial requirements and achievement of financial targets;— balances and reserves, including strategies about levels and their future use;— how they plan to deal with uncertainty in the medium and longer term; and— the impact of planned future policies and foreseeable developments on their financial position.
Best Value, use of resources and performance
The Scottish Public Finance Manual sets out that accountable officers appointed by the Principal Accountable Officer for the Scottish Administration have a specific responsibility to ensure that arrangements have been made to secure bestvalue.

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors

Appointed auditor responsibilities

Auditor responsibilities are derived from statute, this Code, International Standards on Auditing (UK and Ireland), professional requirements and best practice and cover their responsibilities when auditing financial statements and when discharging their wider scope responsibilities. These are to:

- undertake statutory duties, and comply with professional engagement and ethical standards;
- provide an opinion on audited bodies' financial statements and, where appropriate, the regularity of transactions;
- review and report on, as appropriate, other information such as annual governance statements, management commentaries, remuneration reports, grant claims and whole of government returns;
- notify the Auditor General when circumstances indicate that a statutory report may be required;
- participate in arrangements to cooperate and coordinate with other scrutiny bodies (local government sector only);
- demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies:
 - effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets;
 - suitability and effectiveness of corporate governance arrangements; and
 - financial position and arrangements for securing financial sustainability.

Weaknesses or risks identified by auditors are only those which have come to their attention during their normal audit work in accordance with the Code, and may not be all that exist. Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

This report communicates how we plan to identify, assess and obtain sufficient appropriate evidence regarding the risks of material misstatement of the financial statements due to fraud and to implement appropriate responses to fraud or suspected fraud identified during the audit.

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors
General principles
This Code is designed such that adherence to it will result in an audit that exhibits these principles.
Independent
<p>When undertaking audit work all auditors should be, and should be seen to be, independent. This means auditors should be objective, impartial and comply fully with the Financial Reporting Council's (FRC) ethical standards and any relevant professional or statutory guidance. Auditors will report in public and make recommendations on what they find without being influenced by fear or favour.</p> <p>Our independence confirmation letter (Appendix two) discloses matters relating to our independence and objectivity including any relationships that may bear on the firm's independence and the integrity and objectivity of the audit engagement partner and audit staff.</p> <p>We confirm that, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and that the objectivity of the Director and audit staff is not impaired.</p>
Proportionate and risk based
Audit work should be proportionate and risk based. Auditors need to exercise professional scepticism and demonstrate that they understand the environment in which public policy and services operate. Work undertaken should be tailored to the circumstances of the audit and the audit risks identified. Audit findings and judgements made must be supported by appropriate levels of evidence and explanations. Auditors will draw on public bodies' self-assessment and self-evaluation evidence when assessing and identifying audit risk.
Quality focused
Auditors should ensure that audits are conducted in a manner that will demonstrate that the relevant ethical and professional standards are complied with and that there are appropriate quality-control arrangements in place as required by statute and professional standards.

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors	
Coordinated and integrated	
	It is important that auditors coordinate their work with internal audit, Audit Scotland, other external auditors and relevant scrutiny bodies to recognise the increasing integration of service delivery and partnership working within the public sector. This would help secure value for money by removing unnecessary duplication and also provide a clear programme of scrutiny activity for audited bodies.
Public focused	
	The work undertaken by external audit is carried out for the public, including their elected representatives, and in its interest. The use of public money means that public audit must be planned and undertaken from a wider perspective than in the private sector and include aspects of public stewardship and best value. It will also recognise that public bodies may operate and deliver services through partnerships, arm's-length external organisations (ALEOs) or other forms of joint working with other public, private or third sector bodies.
Transparent	
	Auditors, when planning and reporting their work, should be clear about what, why and how they audit. To support transparency the main audit outputs should be of relevance to the public and focus on the significant issues arising from the audit.
Adds value	
	It is important that auditors recognise the implications of their audit work, including their wider scope responsibilities, and that they clearly demonstrate that they add value or have an impact in the work that they do. This means that public audit should provide clear judgements and conclusions on how well the audited body has discharged its responsibilities and how well they have demonstrated the effectiveness of their arrangements. Auditors should make appropriate and proportionate recommendations for improvement where significant risks are identified.



The contacts at KPMG in connection with this report are:

Michael Wilkie

Director

Tel: 0141 3005890

michael.wilkie@kpmg.co.uk

Matthew Moore

Senior Manager

Tel: 0113 231 3663

matthew.moore@kpmg.co.uk



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